



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8 25 2008 to 10 19 2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

13071

2. Committee Name

COMMITTEE TO ELECT
ED RIVET

4. Candidate Last Name

First Name

M.I.

RIVET EDWARD L.

4a. Office Sought Including District # or Community Served (If applicable)

BAY COUNTY ROAD COMMISSIONER

4b. County of Residence

BAY

5. Committee's Mailing Address

3072 W. BIRCH DR
BAY CITY MI 48706
Area Code and Phone 989 686 3516

If the address in this box is different from the committee
mailing address on the Statement of Organization, mail may
be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY MI 48706

Area Code & Phone 989 686 3516

7. Treasurer's Business Address

SAME AS ABOVE

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a
Designated Record keeper)

SAME AS ABOVE

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11 4 2008
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or
outstanding debts, including late filing fees. Further, I/We request that if
the dissolution cannot be granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule
1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or
before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record keeper

EDWARD L. RIVET

Edward L. Rivet

Date 10-23-2008
Mo Day Year

Candidate

EDWARD L. RIVET

Edward L. Rivet

Date 10-23-2008
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/08</u> Name: <u>JIM IRVING</u> Address: <u>1681 CASS, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/27/08</u> Name: <u>ART POMINVILLE</u> Address: <u>305 DAVIDSON BLDG, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		35.00	—
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/27/08</u> Name: <u>JIM OUELLETTE</u> Address: <u>1500 N. TRUMBULL, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/08</u> Name: <u>LOU MAYETTE</u> Address: <u>4115 SHANNON, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		90.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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SCHEDULE 1A
CANDIDATE COMMITTEE

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2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>DON/ANN SANBORN</u> Address: <u>368 KILLARNEY BCH, BAY CITY MI</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>JANET WORONOFF</u> Address: <u>520 BREAKER COVE, BAY CITY MI</u> 5. If over \$100.00 cumulative, please provide: <u>48706</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>TOM WEHR</u> Address: <u>2408 E. CODY ESTEY RD</u> 5. If over \$100.00 cumulative, please provide: <u>PINCONNING MI 4865</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	160.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>JOHN OSTRANDER</u> Address: <u>4851 APPLE TREE LN, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/23/08</u> Name: <u>PETE/LANET SANTOS</u> Address: <u>4646 MORNINGSIDE, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>JIM/DEL KAPALA</u> Address: <u>3434 11 MILE RD, AUBURN MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>RON/ROZ DERDOWSKI</u> Address: <u>3027 E. BIRCH DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		35.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/24/08</u> Name: <u>JIM/VICKI BARCIA</u> Address: <u>3190 HIDDEN RD, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		115.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE

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2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/08</u> Name: <u>BRIAN REDMOND</u> Address: <u>11 BAY SHORE DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/08</u> Name: <u>SCOTT SCHISLER</u> Address: <u>4484 W. PARK DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/08</u> Name: <u>ERNIE KRYGIER</u> Address: <u>735 APLIN BCH, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/08</u> Name: <u>CARL / SUG HEIM</u> Address: <u>3975 PEPPERMILL, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		16.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		71.00	



MICHIGAN DEPARTMENT OF STATE
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CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>DUFF/DEB ZUBE</u> Address: <u>261 DONAHUE BCH, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>9/30/08</u>	20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>MARK/AMY BASSET</u> Address: <u>1076 W. BORTON RD, ESSEXVILLE MI</u> 5. If over \$100.00 cumulative, please provide: <u>48732</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/6/08</u>	40.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>NANCY DORION</u> Address: <u>2864 HYDE PARK, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/5/08</u>	20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>MIKE/SALLY GRAY</u> Address: <u>5009 FRASER RD, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/7/08</u>	20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100.00	

Enter this total on
line 3 of Summary
Page.



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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/8/08</u> Name: <u>BOB/ROSE MUSZYNSKI</u> Address: <u>3016 W. BIRCH DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/8/08</u> Name: <u>DIANE STUDDERS</u> Address: <u>3055 E. BIRCH DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/1/08</u> Name: <u>LOUIE ROTH</u> Address: <u>516 W. EDWIN ST, LINWOOD MI 48634</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/08</u> Name: <u>TOM/MARY JO SEQUIN</u> Address: <u>3959 CASTLE DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		60.00	



MICHIGAN DEPARTMENT OF STATE
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SCHEDULE 1A
CANDIDATE COMMITTEE

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/23/08</u> Name: <u>DENNY / MARIE HAYES</u> Address: <u>114 N. SHERIDAN, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		35.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JOHN MILLER</u> Address: <u>3064 BEAVER RD, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>PAUL / ROSE BRISSETTE</u> Address: <u>718 N. HENRY, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JOHN ANDRUS</u> Address: <u>1702 S. SHERIDAN, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		165.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>ROBERT HORNER</u> Address: <u>3012 COVENTRY DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/1/08</u> Name: <u>SHIRLEY SHOOLTZ</u> Address: <u>1076 PHEASANT DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>MIKE BUDA</u> Address: <u>526 HANDY DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>DICK/PAULA DEMARA</u> Address: <u>4020 ALLEN CT, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		60.00	



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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>CHARLIE/NUBY BRUNNER</u> Address: <u>208 MURPHY ST, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TERRY/BRENDA GOULD</u> Address: <u>4299 KUEBITZ, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		16.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>GARY/MARILYNNE GAUTHER</u> Address: <u>324 CASS, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>LODI WILLIAMS</u> Address: <u>3213 OLD KAWKAWLIN, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		5.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		61.00	



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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>PAUL WATSON</u> Address: <u>871 SHADY SHORE, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>DICK/ILENE BYRNE</u> Address: <u>1710 WHITEFEATHER, PINCONNING MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>BOYD BOETTGER</u> Address: <u>505 HAROLD ST, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		8.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TIM/COLEEN KUHN</u> Address: <u>1490 EVELYN RD, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		88.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JEFF MAYES</u> Address: <u>4297 ZANDER DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>DICK/GAIL GROMASKI</u> Address: <u>2075 E. COGGINS RD, PINCONNING MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		16.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JERRY/MAUREEN ZIRWES</u> Address: <u>205 S. KIESEL, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TOM/SUE SKROCKI</u> Address: <u>153 SALZBURG, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		96.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>BILL POWELL</u> Address: <u>5277 CRESTWAY, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/9/08</u>	20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>MIKE/IDA HALSTEAD</u> Address: <u>2157 SIXTH ST, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/9/08</u>	20.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>DEANNE BERGER</u> Address: <u>2235 CAROL RD, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/9/08</u>	10.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>JERRY/RITA FORTIN</u> Address: <u>86 TOBICO DR, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/9/08</u>	20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		70.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>MARY DONNELLY</u> Address: <u>613 GREEN, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>BILL / DIANE DEWYSE</u> Address: <u>545 EASTLAND, BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TONY PAWELSKI</u> Address: <u>226 LIBBY, PINCONNING MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JIM DAVISON</u> Address: <u>2341 E. BEAVER, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		50.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>GLORIA KOWALSKI</u> Address: <u>PO BOX 394 LINWOOD MI 48634</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>CAROL FULCHER</u> Address: <u>1045 PHEASANT DR BAYCITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		16.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>MEL / KAY McNALLY</u> Address: <u>2081 S FRASER RD, KAWKAWLIN MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>NORM HALSTEAD</u> Address: <u>3255 BARNETT DR, BAYCITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		10.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		56.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TERRY WATSON</u> Address: <u>93 RIVER TRAIL, BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TERRY/SAN MERCER</u> Address: <u>1808 AMES, ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		16.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>KAREN TIGHE/TOM BECK</u> Address: <u>2123 CENTER AVE, BAYCITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>KURT ASBURY</u> Address: <u>2125 SIXTH ST, BAYCITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	—
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		76.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>TOM/JUDY AYOTTE</u> Address: <u>2304 S. FARRAGUT, BAY CITY MICH</u> 5. If over \$100.00 cumulative, please provide: <u>48708</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	—
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>JOE SHEERAN</u> Address: <u>1206 WILDERNESS, ESSEXVILLE MI</u> 5. If over \$100.00 cumulative, please provide: <u>48732</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	—
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>BRIAN ELDER</u> Address: <u>915 5TH ST, BAY CITY MI</u> <u>48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		20.00	—
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		60.00	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/9/08</u> Name: <u>BAY COUNTY DEMOCRAT COMMITTEE</u> Address: <u>2341 E. BEAVER RD, KAWKAWLIN MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL COMM</u> Employer <u>ORGANIZED POLITICAL</u> Business Address <u>2341 E BEAVER RD KAWKAWLIN</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1000.00	—
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name: <u>PLUMBER AND STEAMFITTERS</u> Address: <u>PAC 85 SAGINAW MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PLUMBERS/STEAMFITTERS</u> Employer <u>ORGANIZED COMM</u> Business Address <u>SAGINAW MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1000.00	—
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		2000.00	
		3318.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>BAY COUNTY TREASURER</u> Address: <u>515 CENTER</u> <u>BAY CITY MI 48708</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>9/5/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <u>FILING FEE</u> <input type="checkbox"/> Other (Specify) _____	<u>100.00</u>
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>100.00</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JEFF MAYES</u> Address: <u>4297 ZANDER</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: <u>9/20/08</u> 6. Vendor Name & Address: <u>BAY CITY DEMOCRAT PRESS</u> <u>FUNDRAISER TICKETS</u>	<u>62.54</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		

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Grand Total of all Schedules 1-IK
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62.54

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13071
2. Committee Name COMMITTEE TO ELECT EDRIVET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY DEMOCRAT PRESS</u> Address <u>309 NINTH ST</u> <u>BAY CITY MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/08</u>	<u>613.74</u>
Expenditure #2 Name <u>U. S. POSTAL SERVICE</u> Address <u>1000 WASHINGTON</u> <u>BAY CITY MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/18/08</u>	<u>126.00</u>
Expenditure #3 Name <u>SAGINAW BAY UNDERWRITERS</u> Address <u>610 ADAMS</u> <u>BAY CITY MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BOND</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/08</u>	<u>50.00</u>
Expenditure #4 Name <u>STATE OF MICHIGAN LIQUOR CONTROL COM.</u> Address <u>P.O. BOX 30005</u> <u>LAWSING MI 48909</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>LIQUOR LICENSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/08</u>	<u>25.00</u>
Expenditure #5 Name <u>THE BAY CITY TIMES</u> Address <u>311 FIFTH ST.</u> <u>BAY CITY MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/08</u>	<u>66.50</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>881.24</u>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name BRISSETTE'S 6-12</p> <p>Address 717 N. HENRY BAY CITY MI 48706</p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: REFRESHMENTS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	10/10/08	111.01
<p>Expenditure #2</p> <p>Name GORDON FOOD SERVICE</p> <p>Address 3730 WILDER RD BAY CITY MI 48706</p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: FOOD</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	10/8/08	266.72
<p>Expenditure #3</p> <p>Name MEIJER</p> <p>Address E. WILDER RD BAY CITY MI 48706</p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: FOOD</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	10/8/08	111.38
<p>Expenditure #4</p> <p>Name KROGER FUEL</p> <p>Address N. EUCLID AVE BAY CITY MI 48706</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: GAS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	9/24/08	68.00
<p>Expenditure #5</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

557.11

1438.35

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10</u> <u>9</u> <u>2008</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>110</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held <u>4427 EWILDER</u> <u>BAY CITY MI 48766</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 1318.00

8. Other Receipts 62.54

9. Gross Receipts (Add lines 7 and 8) 1380.54

10. Total Cost of Event 948.47
(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVER

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3318.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3318.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>100.00</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3418.00</u>	(20.) \$ <u>6648.22</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>62.54</u>	(21.) \$ <u>2759.86</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1438.35</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1438.35</u>	(23.) \$ <u>7365.89</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>4327.54</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3418.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3418.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1438.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1979.65</u>	